State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

PART I: OVERVIEW								
Department Office/Division/Program:			DECD/Economic Recovery Grant Program CARES ACT FUNDING					
Department Contract Administrator or Grant Coordinator:			Sharon Thomas					
(If applicable) Department Reference #:			19A					
Amount: (Contract/Amendment/Grant)		\$2,577,835.45	Advantage CT / RQS #:			1394		
CONTRACT	Pr	oposed Start Date:			Proposed End Date:			
AMENDMENT	Original Start Date:		9/28/20		Effective Date:	12/3/20		
AWIENDIVIENT	Previous End Date:		12/30/20		New End Date:	12/30/20		
GRANT	Project Start Date:				Grant Start Date:			
GRAINT	Project End Date:				Grant End Date:			
Vendor/Provider/Grantee Name, City, State:			Greater Portland Council of Governments 970 Baxter Boulevard, Suite 201 Portland, ME 04103					
Brief Description of Goods/Services/Grant:			Amendment to add funds to subaward of Federal CRF funds to support Maine Businesses through the Economic Recovery Grant Program.					

	PART II: JUSTIFICATION	FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)					
	A. Competitive Process	G. Grant			
Х	B. Amendment	H. State Statute/Agency Directed			
	C. Single Source/Unique Vendor	I. Federal Agency Directed			
	D. Proprietary/Copyright/Patents	J. Willing and Qualified			
X	E. Emergency	K. Client Choice			
	F. University Cooperative Project	L. Other Authorization			

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

The Department of Economic and Community Development was awarded CARES ACT funding to administer the Maine Economic Recovery Grant Program. This program is a joint venture between Maine DECD, Maine Revenue Services and with Maine's economic development agencies who are assisting with the grant review process and payment distribution to businesses.

Additional funding totaling \$40 million has been assigned to DECD to be awarded directly to restaurants, bars and taverns, tasting rooms, lodging and /or retail establishments to alleviate the disruption of operations because of operating restrictions as a result of the pandemic.

Reconciliation of Phase 1 of the program resulted in additional funding to businesses.

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

Maine Economic Development agencies are a network of 7 federally funded agencies who provide support services to Maine businesses statewide. Their connection to the business community provides the vehicle for DECD to facilitate the quick and effective transfer of much needed federal relief funds to thousands of Maine businesses.

Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Economic Development agencies are performing similar grant reviews for businesses under an existing HUD funded program with an administrative cost identified for approved and denied applications. Copying this existing model allowed DECD to access a network of business professionals around the State who could assist in the timely processing of grants for Maine businesses.

\$30 million was reassigned from the original program and an additional \$10 million added for a total of \$40 million to support a grant program to assist restaurants, bars and taverns, tasting rooms, lodging and /or retail establishments.

Reconciliation of Phase 1 of the program resulted in additional funding to businesses.

4. Describe the plan for future competition for the goods or services.

This is one-time funding.

	PART IV: APPROVALS		
Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve of	of this procure	ement request.
Printed Name:	Denise Garland	Date:	December 21, 2020
Signature of DAFS Procurement Official:	Jaime C. Schore 606437754DD0459		
Printed Name:	Jaime C. Schorr	Date:	12/22/2020